

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>10/595313</i>	FILING DATE					
CLAIMS							APPLICANT(S)						
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8			1				58						
9			1				59						
10			1				60						
11							61						
12							62						
13							63						
14							64						
15							65						
16			1				66						
17			1				67						
18			1				68						
19							69						
20							70						
21							71						
22			1				72						
23			1				73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	17	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	←	27	←	27	←	←	TOTAL DEP.	←	←	←	←	←	←
TOTAL CLAIMS		34					TOTAL CLAIMS						